CRIMINAL RECORD SEALING / EXPUNGEMENT APPLICATION

Court Name					
Case No.	se No (Clerk's Office Use Only)				
Judge	e(Clerk's Office Use Only)				
APPLICATION FOR RECORD SE	ALING/EXPUNGEMENT –	- R.C. 29	953.32/2953	33	
Full Name:		Alias/M	Iaiden Name:		
Address:		Phone N	hone Number:		
City:		State:	Zip Code:		
Date of Birth:		SSN:			
Email Address:					
Case Number(s)	Application for			Charge(s)	
	☐ SEAL Conviction/Bail forfeiture				
	☐ EXPUNGE Conviction/Bail forfei	iture			
	☐ SEAL Not Guilty/Dismissal/No Bil	ll/Pardon			
	EXPUNGE Not Guilty/Dismissal/l	No Bill			
	☐ SEAL Conviction/Bail forfeiture				
	☐ EXPUNGE Conviction/Bail forfeiture				
	☐ SEAL Not Guilty/Dismissal/No Bil	ll/Pardon			
	☐ EXPUNGE Not Guilty/Dismissal/î	No Bill			
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	☐ EXPUNGE Conviction/Bail forf	feiture			
	☐ SEAL Not Guilty/Dismissal/No Bi	ill/Pardon			
	☐ EXPUNGE Not Guilty/Dismissal/	'No Bill			
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☐ EXPUNGE Conviction/Bail for		iture			
	☐ SEAL Not Guilty/Dismissal/No Bi	ill/Pardon			
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	☐ EXPUNGE Not Guilty/Dismissal/No Bill	
Use additional boxes on page three, if necessary	<i>'</i> .	
The above named applicant str	ites that they qualify for the relief sou	aht ahove under the applicable
provision(s) of R.C. Chapter 2953.	nes that they qualify for the tener sou	gin above, under the applicable
	Applicant Sign	nature Date
	Applicant Sign	lature Bate
	Certificate of Service	
I, the undersigned, do hereby certification	fy that a copy of this Application for	Record Sealing and/or Expungement was
served	upon the prosecutor(s) on/	<u></u>
	Deputy Clerk / Applic (circle one)	ant Signature Date

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